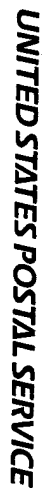


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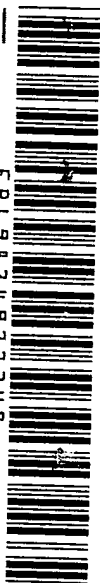
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Post Office To Addressee

Addressee Copy
Label 11-8, March 2004

Label 11-B, March 2004

ORIGIN (POSTAL SERVICE USE ONLY)									
PO ZIP Code		Day of Delivery		Postage					
Date Accepted		<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day		\$		Return Receipt Fee			
Mo. Day Year		Month Day		\$		Insurance Fee			
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM		Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM		COD Fee		Insurance Fee			
Flat Rate <input type="checkbox"/> or Weight lbs.		Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		Total Postage & Fees					
lbs.		Int'l Alpha Country Code		Acceptance Emp. Initials					
023.									

FROM: (PLEASE PRINT)

PHONE ()

Brian Pauling
PO Box 720415
Oklahoma City, OK 73172-0415

DELIVERY (POSTAL USE ONLY)		RECEIVED	
Delivery Attempt	Time	Employee Signature	FEB 1 1 2008
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Attempt	Time	Employee Signature	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Date	Time	Employee Signature	
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM		

CUSTOMER USE ONLY

MANNER OF SIGNATURE (Domestic Mail Only)
 Addressee must be named and return address must be legible. If insured, customer requires waiver of signature. If insured, signature of addressee or addressee's agent (if delivery employee authorized) must be left in secure location and valid proof of delivery, employee's signature constitutes

10: (PLEASE PRINT)

PHONE ()

Maiter Signature

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